10/25059

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PATENT APPLICATION FEE DETERMINATION RECORD  Application or Doctor Mumber Substitute for Form PTO-875											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MJMS	MANSER FILED		MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (77 CFR 1.18(d))				IJ		3	OR	<u> </u>	<b>.</b>		
8	AL CLAIMS CFR 1.18(4)		minus 20 = •			] [	× 4•		OR	ו•	
	EPENDENY CLAI CFR 1.16(M)	43	minus 3 ·			l	×1		OR	x 4*	
MULTIPLE DEPENDENT CLAIM PRESENT 67 CFR 1.16(/f)						] [	+ 6		OR	+1	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR.	TOTAL	
CLAIMS AS AMENDED - PART II  COLUMN 1) (Column 2) (Column 3) SMALL ENTITY OR									OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADCI- TIONAL FEE
AMENDMENT	Total (27 CPR L VALCE)	· <b>&amp;</b>	Minus		•	N	x 8	/	OR	X 8	
P	Independent (37 CPR L VIDA)		Minus	- 9	. /		<u> </u>		OR	X 4	/
8	FIRST PRESENT	ATION OF MULTIPL	106460	DITCLAM (37 CF	TR 1.18(4)		.,/.		OR	+. /-	
CKAL							TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE	
8-18-0 (Column 1) (Column 2) (Column 3)										,	
ENT B		CLAIMS REMARKING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	]	RATE	ADDI- TIONAL FEE		RATE	ADCI- TIONAL FEE
MO	Total promitme	0	Minus	30	•	U	×1		OR	X 3	•
AMENDMENT	properties	. 9	Minus	- 9	• /	] [	x 4		<b>OR</b>	X 8o.	
8	FIRST PRESENT	ATION OF MULTIPL	E OEPENDE	этськи, ртся	R 1.1800)	П	+3		OR	س_ ٠٠	
1075M							ADD'L FEE		OR	ADOL FEE	
	$\mathcal{A}\mathcal{O}^{\bullet}$	(Catuling 1)	•	(Cohamo 2)	(Column 3)						
ENT C		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TONAL FEE
ENDMENT	Total promit value	. 10	Minus	-20	•	] [	X 6		OR	x 8•	
	CO CAST AND	- 2	Minus	<u> </u>	•	11	X 8		OR	x 0	
M	FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.18)(0)					IJ	+8 -		OR	<u>/•</u>	
YOTAL ADD'T FEE OR ADD'T FEE											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 30, enter "20". *** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".											

The 1-tighest Number Proviously Paid For. (Total or Independent) is the highest number tourid in the appropriate box in cotumn 1.

This collection of information is required by 37 CFR 1.14. The Information is required to obtain or retain a bursets by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cellection is estimated to take 12 minutes to complete indusing gethering, preceding, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the embant of time you require to complete this form another suggestions for reducing the burden, should be earl to the Chief Information Officer, U.S. Petent and Treatment Office, U.S. Opperhend of Commence, P.C. Box 1450, Alexandria, V.A. 22113-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.